CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 1

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Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out of state PAC Amount of contribution description (if applicable)

Contributor address; City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

description (if applicable)